

Sebastopol Charter School Independent Study Agreement Form

We encourage families to schedule trips during school breaks so students will not miss important lessons and shared experiences with their class during their absence. When a student must miss school because of family obligations or illness, the teacher can provide assignments to guide learning while the student is absent from class. This agreement assumes that the student is engaged in an educational activity for each school day absent. Please be aware that it is impossible for the teacher to provide the same experience that your child would have had at school. No independent study agreement shall be valid for any period longer than 45 school days.

INDEPENDENT STUDY PROCESS:

- 1) Request an Independent Study (IS) at least **five (5) school days** prior to the expected absence by either: **(a)** filling out the Independent Study Request Form available at www.sebastopolcharter.org; **(b)** faxing a hard copy of the Form to the office at 707-824-1432; **(c)** sending an email to cvazquez@sebastopolcharter.org with the information on the form [*parent name, child(ren)'s name(s) and grade(s), absence start and end dates, and reason for absence*]; or **(d)** calling the office at 707-824-9700 ext. 302 with the information in (c) above.
- 2) The office will prepare the Independent Study Agreement Form and give to the teacher and administrator to prepare the assignment and approve the request. **This form must then be signed by a parent/guardian and the student prior to the commencement of the IS.**
- 3) When your child returns to school give the completed Independent Study work to your teacher. The work **must** be received within five (5) school days of the last day of independent study.

Student Name _____ Grade _____

Reason for Absence _____ Start Date _____ End Date _____

For Office Use Only

Request Received:

Work Received:

TEACHER:

I agree that:

I will assign specific school work assignments for the student's IS.

I will assess the school work assigned upon the student's return to school.

I will submit the completed paperwork along with the supporting documentation to the school office at the **earlier** of :

(a) the end of the Attendance Period in which the IS ends, or **(b)** 10 days from the end of the IS.

Teacher

Date

ADMINISTRATOR:

*To be completed by the administrator **before** the Independent Study:*

I agree to oversee this IS for the above student according to the adopted school policy.

Administrator

Date

*To be completed by the administrator **after** the Independent Study:*

I, the administrator, certify that the student named above, has met his/her the conditions of this signed agreement.

Administrator

Date

Sebastopol Charter School Independent Study Agreement Form

To be completed by teacher **before** the Independent Study:

Description of educational activities and objectives: *(may include e.g. main lesson, mathematics, reading / language arts, music, Spanish, other)*

Materials and/or resources needed: *(not to exclude resources normally made available to all pupils)*

Evaluation Method: *(e.g. parent record, teacher judgment, review of student work, test, other {describe})*

PARENT: I have read and agree to the conditions listed above. In addition, I understand that:

Independent Study (IS) is a voluntary option and must be agreed upon by the student, myself, class teacher, and school administration.

It is my responsibility to oversee my child's work and to ensure the completion and submission of all assignments by the agreed-upon time.

I am responsible for any school materials that are used during IS and will replace materials that are lost, stolen, or damaged.

Parent

Date

STUDENT:

I agree that:

I will complete all the school work listed in this Agreement.

I am responsible for any school materials that are used during IS and will replace materials that are lost, stolen, or damaged.

Student

Date

TEACHER: To be completed by teacher **after** the Independent Study:

I, the class teacher, certify the student named on this agreement has met his/her Agreement conditions as indicated below. Teacher initials:

_____ **Completed.** The student has met all terms and conditions of this Agreement. Attendance credit and Academic credit covered by the Independent Study Agreement will be reported and recorded.

_____ **Not Completed.** The student has not satisfactorily met all the terms and conditions of this Agreement.

There will be an evaluation of the student's teacher and the Administrator as to whether it is in the student's best interest to participate in the independent study program at SICS during an extended absence whenever the student is missing three (3) or more independent study assignments.